

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

09

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	66368.13
(b) Cash on Hand at Beginning of Reporting Period .....	48721.64	
(c) Total Receipts (from Line 19) .....	56436.24	348942.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105157.88	415310.91
7. Total Disbursements (from Line 31) .....	9354.09	319507.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	95803.79	95803.79
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	47245.65	281949.34
(ii) Unitemized .....	8097.49	56740.56
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55343.14	338689.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	55343.14	338689.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1093.10	10252.88
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56436.24	348942.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56436.24	348942.78

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1354.09	10392.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1354.09	10392.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	306500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	2615.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2615.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9354.09	319507.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9354.09	319507.12	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	55343.14	338689.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2615.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55343.14	336074.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1354.09	10392.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1093.10	10252.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	260.99	139.24

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael B. Adesman, M.D., F.A.

Mailing Address 400 Woodward Rd

City

State

Zip Code

Media

PA

19063-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 7E392F5D506DD5DAF52

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

State

Zip Code

Buffalo Grove

IL

60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Cardiologists,  
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: 4366AE1B9095F63362FA

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jacqueline Algood

Mailing Address 760 N US Highway 1

City

State

Zip Code

Tequesta

FL

33469-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HeartCare Imaging Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	1

Transaction ID: 7D03270D9680C0ADF96

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dory B. Altmann, M.D., F.A.

Mailing Address 11 Cherokee Rd

City

East Brunswick

State

NJ

Zip Code

08816-5032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	1

Transaction ID: 37A7EC4CC89C59B3162

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Juan M. Aranda, Jr., M.D.,

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shands at the University  
of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	1	1

Transaction ID: 4A7B8664BBD74C09A048

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

William R. Bennett, M.D., F.A.

Mailing Address 122 W 7th Ave  
Ste 310

City

Spokane

State

WA

Zip Code

99204-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Clinics Northwest

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: ADBB3721AEFF430B707

Amount of Each Receipt this Period

380.00

SUBTOTAL of Receipts This Page (optional) .....

810.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shyam Bhakta, M.D., F.A.

Mailing Address 1502 Huntington Ln

City

Cleveland Heights

State

OH

Zip Code

44118-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Medi-  
cal Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: 1FC29CEB-55F6-49BA-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Leon R. Blue, M.D., F.A.

Mailing Address 711 Santa Fe Dr

City

Searcy

State

AR

Zip Code

72143-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 4F0F7623A8D03F2A1AE

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Borzak, M.D., F.A.

Mailing Address 7233 San Sebastian Dr

City

Boca Raton

State

FL

Zip Code

33433-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Cardiology Group,  
P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: B17EE93A5D1FC0D0ADC

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Foundation Hospital

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 49FB88E433B91CB6847C

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Heart Specialists-  
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	1

Transaction ID: 452D8E0D14E3FD92331B

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Foundati-  
on

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 4905A570F2804A585739

Amount of Each Receipt this Period

111.12

SUBTOTAL of Receipts This Page (optional) .....

311.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul N. Casale, M.D., F.A.

Mailing Address 217 Harrisburg Ave  
Ste 200

City State Zip Code  
Lancaster PA 17603-2994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Heart Group

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: C67D27BA-0C95-4B16-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City State Zip Code  
Fort Wayne IN 46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: 4B0FBAD11F32BD8BFA5D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David J. Cislowski, M.D., F.A.

Mailing Address 609 W Acequia Ave  
Ste A

City State Zip Code  
Visalia CA 93291-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 3688EC512D39A105273

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Hospital and  
Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 1 1

Transaction ID: 4417AFE4628D6C50468B

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Chapter of the  
ACC

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: 46FDA261D503312E8E39

Amount of Each Receipt this Period

88.00

**C.**

Full Name (Last, First, Middle Initial)

Peter D. Cospito, D.O., F.A.

Mailing Address 624 McClellan Street Suite 201  
Suite 300

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Associates of  
Schenectady

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 00D5B396-DF15-430F-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

388.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 4E2B8D6634665ABC6384

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dino T. Damalas

Mailing Address 4904 Springbrook Dr

City

Annandale

State

VA

Zip Code

22003-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardiology

Occupation

OTHER SPECIALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

Transaction ID: 4A8D8D9793AE7E456053

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

William J. David, M.D., F.A.

Mailing Address 910 Williston Park Pt  
Ste 1000

City

Lake Mary

State

FL

Zip Code

32746-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cardiovascular Center,  
P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: 65322D35B112B8CFA83

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional) .....

1583.34

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M. Dent, M.D., F.A.

Mailing Address PO Box 800662

Division of Cardiovascular Medicine

City

Charlottesville

State

VA

Zip Code

22908-0662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Virginia Health System

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	2	/	2	0	1	1

Transaction ID: 235FE560-0AAC-4046-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Roger D. Des Prez, M.D., F.A.

Mailing Address 1265 S Utica Ave

Ste 300

City

Tulsa

State

OK

Zip Code

74104-4243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: A646C243B98FE61B329

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jamie J. Doucet, M.D., F.A.

Mailing Address 3000 Center Green Dr

Ste 120

City

Boulder

State

CO

Zip Code

80301-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Cardiovascular Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	1

Transaction ID: 6C59CCFCF66BE1C8934

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Blvd  
Ste 4330

City State Zip Code  
Bozeman MT 59715-6901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardiology Consultants of  
Bozeman

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: 4784807C32524D787501

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

David M. Evans, M.D., F.A.

Mailing Address 130 Ashlei Ln

City State Zip Code  
Searcy AR 72143-3024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Searcy Medical Center

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 1

Transaction ID: 4EDB9ECB5FFDDE612282

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael D. Evans, M.D., F.A.

Mailing Address 620 E Sandyhills Ave

City State Zip Code  
McAllen TX 78503-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heart Clinic, PLLC

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 1

Transaction ID: 3B490FBBE34992BCCB9

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 414E9D119CA196E2E476

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardiology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 4BFF86FB537CB0237CAB

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 4E9EB7F8227CE21B6CE3

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

250.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben P. Folk, M.D., F.A.

Mailing Address 1502 S Colorado St

City

Greenville

State

MS

Zip Code

38703-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	1

Transaction ID: 5E5781EE-BDD3-4EA8-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St  
# 1609

City

San Francisco

State

CA

Zip Code

94115-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSF Medical Center at Mt.  
Zion

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	1

Transaction ID: 4751ABCD F1C805BBDCEF

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ajay K. Gaalla, M.D., F.A.

Mailing Address 201 Fairway St

City

Victoria

State

TX

Zip Code

77904-1678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID: 6814BC3E237B7F1A51E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1583.33

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rick P. Ganim, M.D., F.A.

Mailing Address 3320 Amherst St

City

Houston

State

TX

Zip Code

77005-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Associatio-  
n, P.L.L.C.

Occupation

INTERNAL MED.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 65FB1D3F4B7C9173D9C

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 478AA2EA57CA0F54A959

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: EEBC4632F7E75C5C175

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark S. Goldfarb, M.D., F.A.

Mailing Address 201 Lynnwood Blvd

City

Nashville

State

TN

Zip Code

37205-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: FF02261F07578D10750

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas B. Gore, M.D., F.A.

Mailing Address 106 Clubview Dr

City

Lagrange

State

GA

Zip Code

30240-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 67027ADC7CEF4BCF79E

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Peter R. Gray, M.D., Ph.D.

Mailing Address PO Box 4860

City

Queensbury

State

NY

Zip Code

12804-0860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adirondack Cardiology Ass-  
oc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 1

Transaction ID: 42448773C7A409DF2748

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Trevor Greene, MD

Mailing Address 113 Teal Pointe Ln

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 844E94C346019E81C68

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Bhavdeep K. Gupta, M.D., F.A.

Mailing Address 5268 River Club Dr

City

Suffolk

State

VA

Zip Code

23435-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: E2A9E57EB838EDE2408

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Gordon Harold, M.D., M.A.

Mailing Address 2473 Jupiter Dr

City

Los Angeles

State

CA

Zip Code

90046-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: D51AF2E1-05DD-4A71-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

J. Clay Hays, Jr., M.D.,

Mailing Address 970 Lakeland Dr  
Ste 61

City State Zip Code  
Jackson MS 39216-4634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jackson Heart Clinic PA

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: BADBF3FB-87B8-4A08-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln  
Ste 2

City State Zip Code  
Hinsdale IL 60521-3032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Heart & Vascular

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 1

Transaction ID: 4BF38B6F815E430F718B

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Michael L. Isaacson, M.D., F.A.

Mailing Address 410 Mallard Dr

City State Zip Code  
Jonesboro AR 72401-7138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northeast Arkansas Clinic

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: E9F7C07CDCEC053BB90

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1083.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Joy, M.D., F.A.

Mailing Address 1156 Gower Rd

City

Glenville

State

NY

Zip Code

12302-6810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Associates of  
Schenectady.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 77146CE9ABB65AD1B4C

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Aleksey Kamenetsky, M.D., F.A.

Mailing Address 312 Links Dr W

City

Oceanside

State

NY

Zip Code

11572-5623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: 7A66BA86FDD5E04BEBD

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Kason, M.D., F.A.

Mailing Address 123 S Adams St

City

Hinsdale

State

IL

Zip Code

60521-3134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Care Centers of Ill-  
inois

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: BAEC06243EA3EBC8064

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Umesh Khot, M.D., F.A.

Mailing Address 7178 Franklin Parke Blvd

City

Indianapolis

State

IN

Zip Code

46259-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: F9790F6F1213B5A55A6

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jay C. Koons, M.D., Ph.D

Mailing Address 3925 NW 151st Way

City

Newberry

State

FL

Zip Code

32669-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 1

Transaction ID: 976C71629A01703FA00

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave  
Ste 2

City

Somers Point

State

NJ

Zip Code

08244-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shore Heart Consultants,  
LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 1

Transaction ID: 4D4093616092BC2C2451

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional) .....

1291.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Smadar Kort, M.D., F.A.

Mailing Address 65 Mimosa Dr

City

Roslyn

State

NY

Zip Code

11576-2215

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Stony Brook University Me-  
dical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Transaction ID: 45EBB29F9FCCA8CF8F

Amount of Each Receipt this Period

170.00

**B.**

Full Name (Last, First, Middle Initial)

Fred M. Krainin, M.D., F.A.

Mailing Address 3817 Cherrywood Rd

City

Florence

State

SC

Zip Code

29501-9209

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pee Dee Cardiology Associ-  
ates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: B3AF4AF392D01DD72AA

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Vijay S. Kusnoor, M.B.B.S.,

Mailing Address 3570 College St

City

Beaumont

State

TX

Zip Code

77701-4683

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID: BA0A53E0BFC1ECA711D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Phillip L. Laney, M.D., F.A.

Mailing Address 5012 Littlebury Rd SE

City

Huntsville

State

AL

Zip Code

35802-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Heart Center, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 91E0FBCC2D92EC5D67D

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Judith C. Lenane, RN

Mailing Address 1014 Grandview Ln

City

Lake Forest

State

IL

Zip Code

60045-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
iRhythm Technologies, Inc.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: CD1664B2-C663-41D1-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Judith C. Lenane, RN

Mailing Address 1014 Grandview Ln

City

Lake Forest

State

IL

Zip Code

60045-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
iRhythm Technologies, Inc.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: F85EF8B2-D121-4ACC-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Norman E. Lepor, M.D., F.A.

Mailing Address 99 N La Cienega Blvd  
Ste 203

City State Zip Code  
Beverly Hills CA 90211-2285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: 14D2DE5CB238FCD9518

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas J. Lewandowski, M.D., F.A.

Mailing Address 113 Limekiln Dr

City State Zip Code  
Neenah WI 54956-4213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Appleton Cardiology Assoc-  
iates

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 4FD6A32D9D84E3B8BCE9

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Lewin, M.D., F.A.

Mailing Address 2400 N St NW

City State Zip Code  
Washington DC 20037-1153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American College of Cardi-  
ology

Occupation  
ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: 4189A11B13CA49E46D2B

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack Lewin, M.D., F.A.

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardi-  
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	1

Transaction ID: 836F4501CD0DB0AEAA1

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Cardiovascular Institu-  
te

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 4CCD8554CA2B41698BE8

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

David B. Lieb, M.D., F.A.

Mailing Address 1600 S Prairie Ave  
2201

City

Chicago

State

IL

Zip Code

60616-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: C339163640B169EE31C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

583.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Melchor N. Lim, M.D., F.A.

Mailing Address 4005 W 32nd Ave

City

Stillwater

State

OK

Zip Code

74074-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stillwater Medical Center  
Cardiology C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 37E65FE5F002056FEF6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael L. Main, M.D., F.A.

Mailing Address 4330 Wornall Rd  
Ste 2000

City

Kansas City

State

MO

Zip Code

64111-5939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Consultant-  
s, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: C75BB58C-BC6E-44BA-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ramin Manshadi, M.D., F.A.

Mailing Address 2633 Pacific Ave

City

Stockton

State

CA

Zip Code

95204-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Joaquin Cardiology Me-  
dical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 1

Transaction ID: 50BA3856-01F2-4795-

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph E. Marakovits, M.D., F.A.

Mailing Address 96 Stone Hill Dr

City

Rocky Hill

State

CT

Zip Code

06067-4257

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Bristol Cardiovascular As-  
sociates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID: 8DD68D4B31D554786D3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Norman H. Marcus, M.D., F.A.

Mailing Address PO Box 3880

City

Allentown

State

PA

Zip Code

18106-0880

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Heart Care Group

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	1

Transaction ID: DCFCCFF8-0DA9-4535-

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Steven L. McCormick, M.D., F.A.

Mailing Address 2930 Chesterfield Ave

City

Charleston

State

WV

Zip Code

25304-1125

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	1

Transaction ID: 724281E4-56EE-4AED-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R. Parker McRae, Jr., M.D.,

Mailing Address 4513 N Miller Ave

City

Peoria Heights

State

IL

Zip Code

61616-6521

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID: AD941B9CD8E19516F38

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David B. Messinger, M.D., F.A.

Mailing Address 10 Mill Pond Ln

City

New Rochelle

State

NY

Zip Code

10805-2128

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sound Shore Cardiology PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	1

Transaction ID: 5F79B5E15C5829838AE

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey B. Michel, M.D., F.A.

Mailing Address 11673 Jollyville Rd  
Ste 205B

City

Austin

State

TX

Zip Code

78759-4200

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Heart Clinic of Austin,  
PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	1

Transaction ID: D226C94682129D5A1EB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

J. Scott Millikan, M.D., F.A.

Mailing Address 3319 Alpine Dr

City

State

Zip Code

Billings

MT

59102-0341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Billings Clinic Please use  
ID #785494

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	1

Transaction ID: D1077DEB43B444B879F

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

State

Zip Code

Fort Wayne

IN

46814-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology Cor-  
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	1

Transaction ID: 4935BAF8F6CFE3440F49

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Naresh Vadilal Mody, M.D., Ph.D

Mailing Address 605 N Washington Ave  
Ste 100

City

State

Zip Code

Titusville

FL

32796-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	1

Transaction ID: 4127928EC7A4480B8C0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eugene V. Moffett, M.D., F.A.

Mailing Address 185 E 7th Ave

City

Chico

State

CA

Zip Code

95926-3356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 5C701D56BDDDB25CEE7B

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Pramod K. Mohanty, M.B.B.S.,

Mailing Address 311 Victoria Way

City

Richmond

State

VA

Zip Code

23238-7117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mohanty Consulting

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 38C3891B95FB4702C14

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Alberto E. Montalvo, M.D., F.A.

Mailing Address 5928 Riverview Blvd

City

Bradenton

State

FL

Zip Code

34209-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradenton Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: E7D26C5E81CCAC44306

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marc A. Mugmon, M.D., F.A.

Mailing Address 3333 N Calvert St  
Ste 500

City	State	Zip Code
Baltimore	MD	21218-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid Atlantic Cardiovascul-  
ar AssociatesOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	1

Transaction ID: 88D47AF7-AFEB-44E1-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

M. R. Sasidharan Nair, M.B.B.S.,

Mailing Address 660 Holly Rd

City	State	Zip Code
Cadillac	MI	49601-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand Traverse Heart Asso-  
ciatesOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID: 0C74A7F435973B76CD0

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Nicola B. Nicoloff, M.D., F.A.

Mailing Address 12100 Mallards Xing

City	State	Zip Code
Petersburg	OH	44454-9735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Transaction ID: D6F3C489BEF6424A06D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John I. Nwogu, M.B.B.S.,

Mailing Address 4636 Amberwood Dr

City

Anniston

State

AL

Zip Code

36207-7773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Clinic of  
Anniston

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 10C5875B45800952C5F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bradley O. Oswood, M.D., F.A.

Mailing Address 6024 E Gold Dust Ave

City

Paradise Valley

State

AZ

Zip Code

85253-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Cardiovascular  
Center, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 19148197144DD40A528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: 4D95A6D8BCD39DEC75B9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

791.67

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bradley Personius, M.D., F.A.

Mailing Address 195 Serenity Ln

City

Grants Pass

State

OR

Zip Code

97526-9756

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cardiology Consultants PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

**Transaction ID:** 9AB70121D100303A61A

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Charles W. Phillips, M.D., F.A.

Mailing Address 104 Williamson Ct  
5875 Bremo Road Suite 501

City

Richmond

State

VA

Zip Code

23229-7763

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Virginia Cardiovascular  
Specialist

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

**Transaction ID:** 27D8361F25B0CE19655

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert N. Piana, M.D., F.A.

Mailing Address 1215 21st Ave S  
McE 5th Floor South Tower

City

Nashville

State

TN

Zip Code

37232-0014

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Vanderbilt University Med-  
ical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	1

**Transaction ID:** EAE9B6AC-89F2-406D-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph F. Pietrolungo, D.O., F.A.

Mailing Address 95 Arch St  
Ste 350

City Akron State OH Zip Code 44304-2201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northeast Ohio Cardiovasc-  
ular Speciali

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 1

Transaction ID: 2F89D2EF-FB2B-46E0-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Ct

City Manalapan State NJ Zip Code 07726-4628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shore Heart Group

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 1 1

Transaction ID: 45BE9BA4F13702384E12

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Sridevi Reddy Pitta, M.B.B.S.,

Mailing Address 6507 Jade Knl

City San Antonio State TX Zip Code 78249-5018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schnitzler Cardiovascular  
Consultants

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 60567FC0C0C035D1CC8

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

1166.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur H. Popkave, II, M.D.,

Mailing Address 1000 Coventry Dr

City

Phillipsburg

State

NJ

Zip Code

08865-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Two Rivers Cardiology Ass-  
ociates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: 4E46CC3A8F4B0CC4747

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Cardiology Associat-  
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.46

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 4506ABC7524930DA5F0E

Amount of Each Receipt this Period

60.19

**C.**

Full Name (Last, First, Middle Initial)

Marshall F. Priest, M.D., F.A.

Mailing Address 300 E Jefferson St  
Ste 201

City

Boise

State

ID

Zip Code

83712-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Cardiology Associat-  
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 554E0D611ADB002570E

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.19

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael E. Ring, M.D., F.A.

Mailing Address 122 W 7th Ave  
Ste 310City State Zip Code  
Spokane WA 99204-2352FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Heart Clinics NorthwestOccupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	1

Transaction ID: E2791609-0ADC-4E3F-

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City State Zip Code  
Austin TX 78746-2950FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Biophysical CorporationOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	1

Transaction ID: 4E0C9D06831801E58CAC

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Carlos O. Rodriguez-Fierro, M.D., F.A.

Mailing Address 1111 Medical Center Blvd  
Ste S-350City State Zip Code  
Marrero LA 70072-3151FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Heart Clinic of LouisianaOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: E4E0A9463BEBE3DA7C7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

841.67

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 3625 Cherry Plum Dr

City	State	Zip Code
Colorado Springs	CO	80920-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pikes Peak CardiologyOccupation  
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 4434A38A9ACEEE24EE94

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Robert L. Rothbard, M.D., F.A.

Mailing Address 2000 Via Tuscany

City	State	Zip Code
Winter Park	FL	32789-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology ConsultantsOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: 96141A946F0B850C698

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City	State	Zip Code
Cincinnati	OH	45215-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of CincinnatiOccupation  
CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

Transaction ID: 4F76AA470426CA6C5255

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

1166.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Howard S. Rubin, M.D., F.A.

Mailing Address 31 E Terrace Dr

City

Houston

State

TX

Zip Code

77007-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Houston Cardiovascular As-  
sociates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 8069EA7378C5EC559A1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St  
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denver VA Medical Center /  
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 4F20860D9B42AC873A40

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Barry D. Rutherford, M.D., F.A.

Mailing Address 5811 Oakwood Rd

City

Mission Hills

State

KS

Zip Code

66208-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Consultant-  
s, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 95893A5C9E4BE9DE175

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

948.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Victor M. Salgado, M.D., F.A.

Mailing Address Las Praderas #6  
Bo. Pueblo

City State Zip Code  
Hatillo PR 00659

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Centro Cardiovascular de  
Arecibo

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: DF491E85EE8F31D4EFA

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN, A.A.C.

Mailing Address 9065 Pebblepoint Cir

City State Zip Code  
Zionsville IN 46077-8992

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Vincent Heart Center  
of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: 4A298805D0AA50F62FA7

Amount of Each Receipt this Period

88.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Severino, M.D., F.A.

Mailing Address 1732 Fargo Blvd  
Ste 100

City State Zip Code  
Geneva IL 60134-2973

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kane Cardiology, SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: 4A17ACD2AF93411D1855

Amount of Each Receipt this Period

49.00

**SUBTOTAL** of Receipts This Page (optional) .....

1137.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Amit Jay Shanker, M.D., F.A.

Mailing Address 190 Main St  
One Atwell Avenue

City State Zip Code  
Cooperstown NY 13326-1137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bassett Healthcare Network

Occupation  
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 069079FC483FC7609F9

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City State Zip Code  
Dover DE 19904-3309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardiology Consultants

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 8CD68C50DAABDDE5EA2

Amount of Each Receipt this Period

672.00

**C.**

Full Name (Last, First, Middle Initial)

Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City State Zip Code  
Johns Creek GA 30024-5304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlanta Heart Specialists

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 1

Transaction ID: 4A15A4E5839DF1F7ACE7

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional) .....

963.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Lawrence Smull, D.O., F.A.

Mailing Address 3417 Jameson Ln

City

Winston Salem

State

NC

Zip Code

27106-4772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winston Salem Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 1 1

Transaction ID: A5000684-8F29-4C59-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Springer, M.D., F.A.

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Cardiologi-  
sts

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 460D9A87F137BE1D9718

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Christopher Thomas, M.D.

Mailing Address 1959 NE Pacific St  
# 356422

City

Seattle

State

WA

Zip Code

98195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WashingtonD-  
ivision of Ca

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 1

Transaction ID: 7A26544E-8D0C-4373-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

791.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City State Zip Code  
Bethesda MD 20814-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: 448D90AF88F6998A99B3

Amount of Each Receipt this Period

208.34

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Tillinger, M.D., F.A.

Mailing Address 59 Ornac  
Emerson Cardiovascular Associates

City State Zip Code  
Concord MA 01742-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Cardiovascular As-  
sociates

Occupation  
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 1

Transaction ID: 2BD0D203-A45D-4396-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William A. Van Decker, M.D., F.A.

Mailing Address 1051 Montgomery Ave

City State Zip Code  
Penn Valley PA 19072-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple University Hospital

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: A7A2EAE36BFD1926F76

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1458.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laurie Z. Ventura, RN

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Foundation Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: B6B4E832-459E-4F55-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave  
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 4EF394712707BC250098

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Robert N. Vincent, M.D., C.M.

Mailing Address 2835 Brandywine Rd  
Ste 300

City

Atlanta

State

GA

Zip Code

30341-5540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 1

Transaction ID: DE6FDEC1-5D95-4726-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1333.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thad F. Waite, M.D., F.A.

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1137.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 6A0F1BF0E0FB9EA77CD

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Thomas Health Servi-  
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	1

Transaction ID: 41CE8FC3F19F50D83260

Amount of Each Receipt this Period

416.67

**C.**

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Heart Center  
of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	1	1

Transaction ID: 43A999F900554B9ADC1A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1016.67

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce A. Watt, M.D., F.A.

Mailing Address 4520 W 69th St

City

Sioux Falls

State

SD

Zip Code

57108-8148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Central Heart Insti-  
tute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	1	1

Transaction ID: 4CC82CBA-8331-49B8-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mason Weiss, M.D., C.M.

Mailing Address 4691 White Oak Ave

City

Encino

State

CA

Zip Code

91316-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 1814F5E46DC1DCA540B

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Beth A. White, NP, A.A.C.

Mailing Address 204 Muirfield Ct

City

Barboursville

State

WV

Zip Code

25504-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Physicians &  
Surgeons Cardi

Occupation

OTHER SPECIALTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

Transaction ID: F08A0914-5A91-4B9D-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Harvey J. White, Jr., M.D.,

Mailing Address 1020 El Pueblo Rd NW

City

Los Ranchos

State

NM

Zip Code

87114-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vessel Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 99442AA78004A236AA4

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael C. Widmer, M.D., F.A.

Mailing Address 2753 NE Red Oak Dr

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 44FCA0E4859A83308EE4

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Byron R. Williams, Jr., M.D.,

Mailing Address Medical Office Tower  
5th Floor

City

Atlanta

State

GA

Zip Code

30308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: B2AAA63AEDCCF40781B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1333.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John R. Windle, M.D., F.A.

Mailing Address 2909 S 100th St

City

Omaha

State

NE

Zip Code

68124-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Nebraska Me-  
dical CenterC

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	1

Transaction ID: D716615A4149B490FBC

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Wolk, M.D., M.A.

Mailing Address 876 Park Ave

City

New York

State

NY

Zip Code

10075-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Cardiology Assoc-  
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 41B6B5C2D663AE30991E

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: 4A1FAE7D14D125C0B936

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	1

Transaction ID: 4C4ABDE8808DC5F4CCA0

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Janet Fredal Wyman, MSN, NP, A

Mailing Address 960 Westchester Rd

City

Grosse Pointe Park

State

MI

Zip Code

48230-1830

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Henry Ford Hospital

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	1	1

Transaction ID: 4A02930A2627E618A30B

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Kevin R. Young, M.D., F.A.

Mailing Address 1917 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cardiovascular Specialist-  
sof Southwest

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: 619A178DB1CF1C01068

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) .....

541.67

TOTAL This Period (last page this line number only) .....

47245.65

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 53

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10252.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

Transaction ID: 0AE29BA819CB7F83DED

Amount of Each Receipt this Period

1093.10

Reimbursement for July Am-  
ex Fees and August Mercha-  
nt Fees

SUBTOTAL of Receipts This Page (optional) .....

1093.10

TOTAL This Period (last page this line number only) .....

1093.10

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
August 2011 Amex Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V030B65F214577A211B4

Date of Disbursement

08 / 31 / 2011

Amount of Each Disbursement this Period

329.72

**B.**

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City  
Knoxville

State  
TN

Zip Code  
37920

Purpose of Disbursement  
August 2011 Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: ME15B4FBDF636C618283

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

1024.37

**SUBTOTAL** of Disbursements This Page (optional) .....

1354.09

**TOTAL** This Period (last page this line number only) .....

1354.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dennis Ross	<b>Transaction ID:</b> 360E45764D6455CA15F <b>Date of Disbursement</b>																				
Mailing Address PO Box 7310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	3		2	0	1	1												
City Lakeland State FL Zip Code 33807	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Dennis A. Ross	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Himes for Congress	<b>Transaction ID:</b> A3390829DD494DFF70E <b>Date of Disbursement</b>																				
Mailing Address 857 Post Road, #312	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	1	1												
City Fairfield State CT Zip Code 06824	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Convention	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name James A. Himes	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Peters for Congress	<b>Transaction ID:</b> 5692848F4E25C8F89DC <b>Date of Disbursement</b>																				
Mailing Address PO Box 226	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	1	1												
City Bloomfield Hills State MI Zip Code 48303	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gary C. Peters	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rush Holt for Congress

Mailing Address PO Box 782

City  
Pennington

State  
NJ

Zip Code  
08534

Purpose of Disbursement  
2012 Primary

Candidate Name  
Rush Dew Holt, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: 8FE32EDB2F02EF45FBC

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

8000.00